Collecting Outcomes: Measuring success with the new MSK HQ

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The Royal College of Chiropractors

CareResponse

AECC

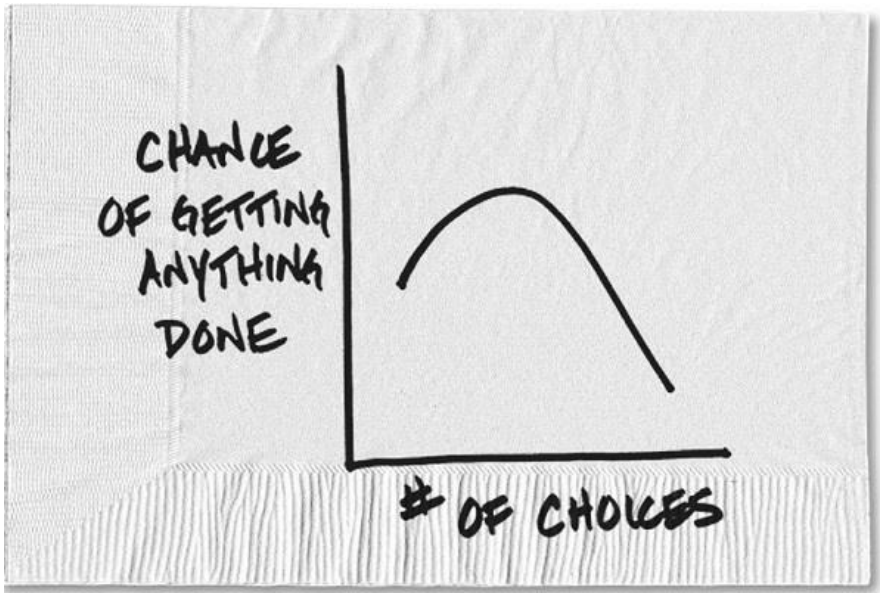
Introduction:

- Chiropractors support millions of patients every day across the world to get on with their lives by removing, reducing or manage their MSK pain and disability
- As a modern health care profession it is imperative that you **show the good work that you do in a systematic and and powerful way**
- The collection of patient reported outcome measures (PROs) is becoming widespread within routine clinical care settings, particularly as part of national health provisions.
- We will use a Care Response an e PROM collection system to investigate the performance of a new generic MSK outcome questionnaire developed by Jonathan Hills group at Keele University he MSK Health Questionnaire

Keele University

Rationale:

- One of the problems with PROs in MSK is that there are **many different types that are condition or outcome specific**
- For example ODI is focused on disability related symptoms for low back pain and the BQ is validated for LBP and Neck pain only
- While the BQ is an excellent biopsychosocial based outcome it has enjoyed limited uptake outside chiropractic practice
- The MSK HQ is health status as opposed to specific conditions outcome and designed for all MSK related conditions.



Rationale:

- This means that we don't need different questionnaires for shoulder or knee pain in chiropractic practice
- It is intended that the NHS going to use for all MSK and so it gives an opportunity for the chiropractic professions to be measuring their success with direct comparison to others in the wider healthcare community
- BUT **we don't know how it performs** in cohorts outside of the ones used to originally test it
- This is important to know before using as sometimes outcomes do not travel as well as we want them to

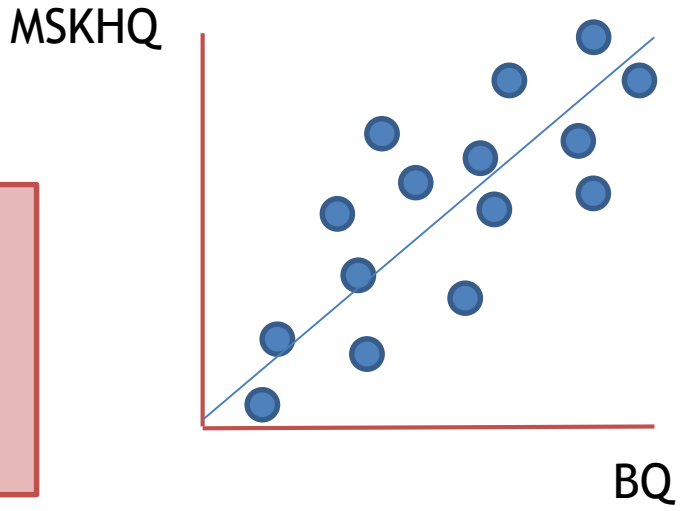
What do we intend to do?

- We will use an observational study to track a cohort of chiropractic patients with MSK related conditions with the MSK HQ
- We intend to measure **psychometric properties** criterion validity, responsiveness and the minimal clinical Important change (MCIC) within a cohort of chiropractic patients

Validity

- There are a number of different types of validity some more complex than others.
- Essentially it is about whether the **instrument measures what it is supposed to**
- Face Validity/Content Validity (Subjective)
- Criterion and Construct (experimental)

- CRITERION VALIDITY
  - This is how the new measure performs against existing accepted HRQL outcome measure
  - We will use the EQ5D and the BQ



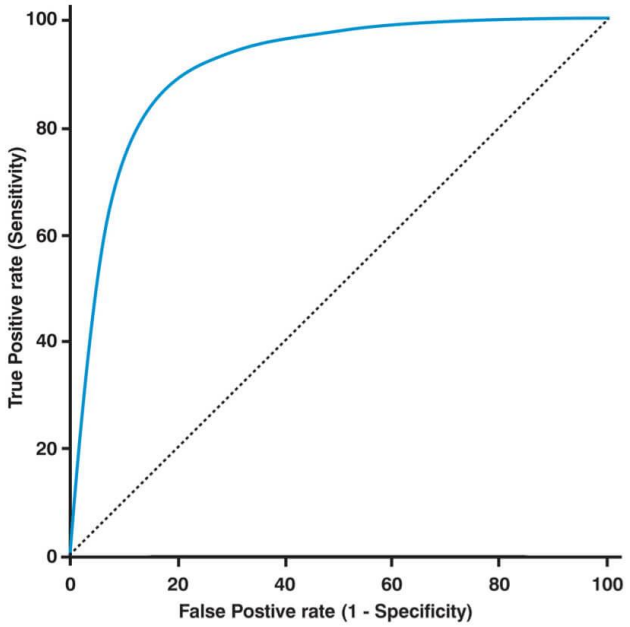
Responsiveness

- The responsiveness of an outcome is whether it is sensitive enough to pick up **change over time** and how much change it records.
- Clearly a scale of 2 points is not very sensitive but it is not just how many points on the scale there are that matters
- The questions also have to be oriented toward the issues most likely to change
- Also those that say they are improved should show more change than those that say they are not
- It is normally explored by looking at Standardise Response Means (SRMs)

- Measure MSK HQ at 14, 30 and 90 days

Minimal clinically important change (MCIC)

- How much change can be a guideline that enough change in the patient is considered important for the patient?
- This is measured by looking at how the change scores of a number of patients on the MSK HQ are matched with how they respond to a global impression of scale measure that allows us to categorise them as **meaningfully changed** or not

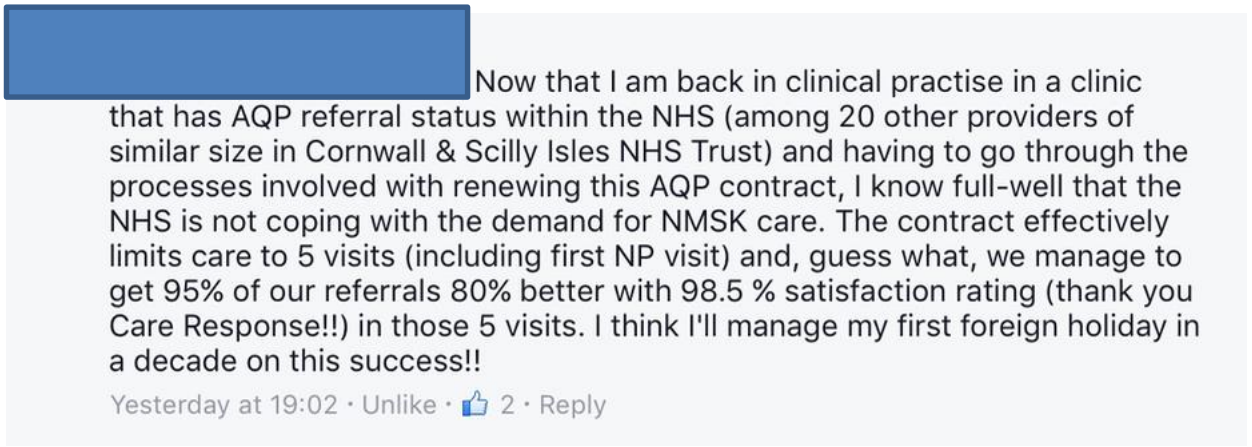


PGIC	B	NB	B	B	B	B	NB	NB	B	NB	B	B
MSKHQ	12	6	13	9	9	11	5	7	8	5	9	13

What we need from you

1. **N= 20** patients with a MSK complaint from each chiropractic clinic
2. Each clinic must be using Care Response
3. At lease **20 clinics** taking part
4. Please fill in your contact details which are in your pack and hand them to me or Jonathan Field

And if you're not using Care Response……



NHS
National Institute for Health Research

Facilitate and fund health and care research and translate discoveries into practical solutions for the NHS

'NIHR Clinical Research Network - Portfolio studies'

Support research:

- Identify study participants
- Identify primary care practices to work with
- Infrastructure – staff and analysis
- Advice on funding bids

NHS
National Institute for Health Research

NIHR partner organisations:
Provide funding by open competition
Ensure peer review of applications

Speed Research Ethics and Health Research Authority approval